

Entered - 2-4-97 - sb  
CL 97L0109 - GWENDOLYN BURNS

CLAIM OF: **CREDIT COLLECTION SERVICES**  
as subrogee of *Willie Mae Brown*  
P. O. Box 9101  
Newton, MA 02466

For damages alleged to have been sustained  
as a result of a vehicular accident on January  
30, 1997 at 1531 Orlando Street, SW..

THIS ADVERSED REPORT IS **CONSENT AGENDA**  
APPROVED

BY: *Rosalind Rubens Newell*  
ROSALIND RUBENS NEWELL  
DEPUTY CITY ATTORNEY

# ADVERSE REPORT

CON *Willie Mae Brown*

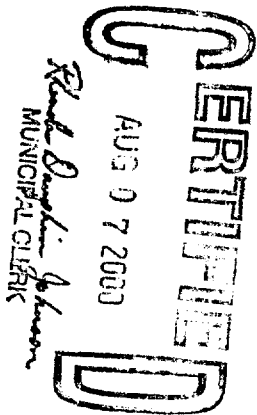
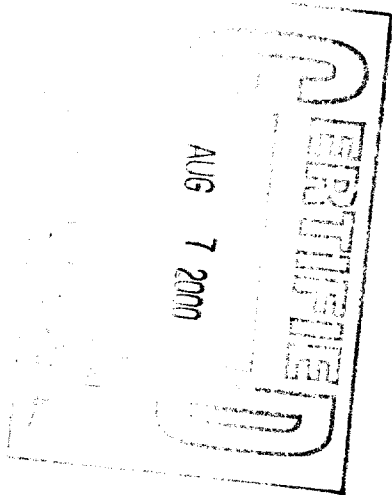
DATE *8/11/2000*

*C. Temple*

*Rosalind Rubens Newell*

*Willie Mae Brown*

00-*2*-1164



ADVERSED BY *Willie Mae Brown*  
DATE *8/11/2000*

August 28, 2000

Credit Collection Services as subrogee of  
Willie Mae Brown  
P. O. Box 9101  
Newton, MA 02466

**00-R-1164**

Dear Madam/Sir:

I sincerely regret that you have been adversely affected by the circumstances raised in your claim for damages against the City of Atlanta. Your time and patience in this matter has been greatly appreciated.

However, I must notify you that the Atlanta City Council Adopted an Adverse Report on your claim at its regular meeting on August 07, 2000. In consultation with the City's Law Department, who conducted an investigation of the situation, the Council has determined that the City cannot accept responsibility for this matter and therefore cannot pay this claim.

If you desire any further information, please contact the **City Attorney's Office/Claims Division at (404) 330-6400.**

Sincerely,

Rhonda Dauphin Johnson, CMC  
Municipal Clerk

**cc: Claims Division/Law Department**

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 98L0109

Date: July 18, 2000

Claimant /Victim WILLIE MAE BROWN

BY: (Atty) (Ins. Co.) CREDIT COLLECTION SERVICES

Address: P.O. Box 9101, Newton, MA 02466

Subrogation: X Claim for Property damage \$ 1,741.70 Bodily Injury \$           

Date of Notice: 2/18/97 Method: Written, Proper X Improper           

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 1/30/97 Place: 1531 Orlando Street, SW

Department PUBLIC WORKS Division Solid Waste Services

Employee involved Sammy Taylor Disciplinary Action:           

NATURE OF CLAIM: Claimant alleges that she sustained property damages when a City sanitation vehicle backed into her. However, claimant has failed to pursue her claim.

INVESTIGATION:

Statements: City employee            Claimant            Others            Written            Oral           

Pictures            Diagrams            Reports: Police X Dept Report            Other X

Traffic citations issued: City Driver            Claimant Driver           

Citation disposition: City Driver            Claimant Driver           

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial           

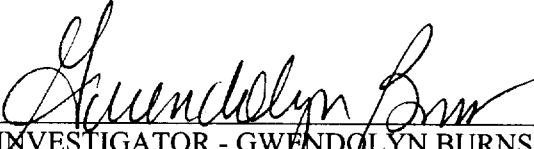
Improper Notice            More than Six Months            Other X Damages reasonable           

City not involved            Offer rejected            Compromise settlement           

Repair/replacement by Ins. Co.            Repair/replacement by City Forces           

Claimant Negligent            City Negligent            Joint            Claim Abandoned X

Respectfully submitted,

  
INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$            Adverse X Account charged: 1A01            2J01            2H01           

Claims Manager:  Concur/date 07-19-00

Committee Action:            Council Action

COUNCIL OF THE CITY OF ATLANTA  
CLERK OF COUNCIL  
City Hall  
68 Mitchell Street, S.W.  
Atlanta, GA 30335

RE: CLAIM FOR DAMAGES

ENTERED - 2/24/97 - tew

97L0109 ANTHONY G. OATIS

TODAY'S DATE: Feb. 13, 97

Oatis  
02-2097th

Dear Sir:

This is to notify the City of Atlanta that I have suffered damages in the sum of \$ 287.76 property and/or \$        bodily injury for which I contend the City is liable.

1. Date of incident: 1-30-97 (month day year) 2. Police called        (yes) (No)
3. Location of incident: 1531 Orlando St. SW + AVON SW
4. Name of your insurance company Travelers Policy # 2255400217079
5. State what and how incident occurred: I Was Driving on Orlando St. and I stopped Behind a City Truck Back in To my Car.
6. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE STATEMENTS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION! (use other side if necessary)
7. The registered owner must make the claim for vehicle damages. Complete the following and attached two (2) estimates of repair.  
Your vehicle: Buick 90 YLS 801 Willie Mae Brown  
(make) (year) (tag#) (driver's name)  
City vehicle: City Sanitary Truck Sammy Taylor SANITARY  
(make) (driver's name) (department)
8. Witness: NO witness  
(name) (address) (phone)
9. The acknowledgment of this claim in no way waives the Governmental Immunity of the City of Atlanta, as granted by State Law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT!

10. THIS CLAIM SHOULD BE MAILED IMMEDIATELY TO THE ADDRESS SHOWN ABOVE

Council of the City of Atlanta (SEAL)  
(claimant)  
68 Mitchell St. S.W.  
(address)  
ATL GA 30335  
(city) (state) (zip)  
910 CLAYUE Terr. SW  
ATLANTA, GA 30311  
(404) 758-5503 (404) 559-8781  
(home) (phone) (work)